

Thomas M. Menino  
Mayor



Daphne Griffin  
Executive Director

**CAMP JOY SUMMER 2011**

**CAMPER APPLICATION**

**July 11, 2011 – August 5, 2011**



**Please mail or drop-off original applications to:**

Boston Centers for Youth & Families  
1483 Tremont Street  
Boston, Massachusetts 02120  
Attention: Roberta Smalls  
(617) 635-4920 ext. 2402

**Please note: Camp Joy is now accepting Child Care Choices of Boston (CCCB) Vouchers.**

- *If you currently have a voucher with CCCB and need information on how to transfer it to Camp Joy for the summer please contact your individual counselor at CCCB's office.*
- *If you do not have a voucher with CCCB, please contact the Parent Service Supervisor or call the Information and Referral Parent line at 617-348-6641*

Incomplete or illegible applications will not be accepted.

**Enrollment will remain open until May 27, 2011 or until all slots are filled.**

"This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local board of health."

## CAMP JOY SUMMER 2011 CAMPER APPLICATION



### CAMPER INFORMATION:

Camper's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Camper Sex: (M) (F)

Email address: \_\_\_\_\_

Race (for State Report Only): \_\_\_\_\_

Camper's home language: \_\_\_\_\_

### EMERGENCY CONTACTS:

**In case of emergency if parent/guardian is unavailable, please contact:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

## CAMP JOY \* BOSTON CENTERS FOR YOUTH & FAMILIES

Camper's Name: \_\_\_\_\_

### **EMERGENCY CONSENT AND RELEASE**

If a situation arises in which my child is in need of prompt medical attention and I, or my designee (emergency contact), cannot be contacted, I hereby grant permission to a responsible member of the Camp Joy staff to authorize treatment for my child.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### **ACKNOWLEDGEMENT**

The undersigned acknowledges that, in consideration of the opportunity to participate in the City of Boston's therapeutic recreation program, neither the City nor any of its employees are liable in the event of illness, injury, accident or death which may occur while my child or the participant is engaged in the program, is traveling to or from the program, or is engaged in any function of the program. This acknowledgment does not relieve the City or its employees from claims based on gross negligence, or intentional or reckless conduct.

The undersigned further acknowledges that if any child or the participant does not conform to the standards and organization of the program or if the directors of the program judge that the behavior of my child or the participant endangers himself/herself or the welfare of others in the program or the program itself, (s) he may be dismissed from the program upon written notice.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### **PHOTOGRAPHIC RELEASE**

Please read and sign this photographic release. Please note that it is not necessary for you to sign this portion of the release for your child to attend Camp Joy. However, it would be to our convenience if you would sign this section.

I hereby give my consent to Camp Joy to photograph my son/daughter without limitation to use such pictures and/or stories in connection with any of the work of Camp Joy without consideration of any kind and I do hereby release Camp Joy and Boston Centers for Youth & Families from any claims whatsoever which may arise in said regard.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## CAMP JOY \* BOSTON CENTERS FOR YOUTH & FAMILIES

### GENERAL INFORMATION:

Does your child use any of the following?

Glasses? (Y) (N)      Hearing Aid? (Y) (N)      Walker? (Y) (N)      Wheelchair? (Y) (N)

Does your child use any other type of adaptive equipment? (Y) (N) If yes, please explain:

\_\_\_\_\_

Does your child have Allergies? (Y) (N) If yes please explain: \_\_\_\_\_

Does your child have any dietary restriction? \_\_\_\_\_

Will it be necessary for your child to take medication during the camp day? (Y) (N)

**\*If your child requires medication during camp hours you must complete the **Authorization to Administer Medication to a Camper form, and attend a mandatory orientation before the child can attend Camp Joy.****

Does your child have a sibling attending Camp Joy? If so, what is his/her name?

\_\_\_\_\_

What school does your child currently attend? \_\_\_\_\_

Does your child communicate verbally? (Y) (N) \_\_\_\_\_

Does your child have allergies? If so, please explain: \_\_\_\_\_

Does your child need assistance using the bathroom? \_\_\_\_\_

Did your child attend Camp Joy last summer? (Y) (N) What location? \_\_\_\_\_

Please list any compulsive behaviors and appropriate responses for staff to take:

\_\_\_\_\_

\_\_\_\_\_

Please list any other precautions or behaviors that the camp staff should be aware of:

\_\_\_\_\_

Please tell us about your child's swimming ability: \_\_\_\_\_

\_\_\_\_\_

Can your child participate in other physical activities? (Y) (N) If yes, list any necessary accommodations: \_\_\_\_\_

\_\_\_\_\_

Does your child have a special toileting procedure? (Y) (N) If so please describe:

\_\_\_\_\_

Does your child use a wheelchair? (Y) (N) If so, please identify the level of support needed:

\_\_\_\_\_

**CAMP JOY \* BOSTON CENTERS FOR YOUTH & FAMILIES**  
**Camper Application—Medical Section**

**Note: This section MUST be completed and signed by a physician**

Camper's Name: \_\_\_\_\_

Diagnosis: (Medical Term) \_\_\_\_\_

(Layman's Term) \_\_\_\_\_

Is camper subject to allergic reactions? (Y) (N) If so, please specify: \_\_\_\_\_

\_\_\_\_\_

Is camper medicated? (Y) (N)

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) administered: \_\_\_\_\_

How is medication administered? \_\_\_\_\_

Will it be necessary for camper to take medication during the camp day? (Y) (N)

Is camper subject to seizures? (Y) (N) Are they controlled? (Y) (N)

To your knowledge, is the camper suffering from or has (s) he recently been exposed to any contagious disease? \_\_\_\_\_

\_\_\_\_\_

Does camper have any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

May camper participate in carefully supervised swimming activities? (Y) (N)

May camper participate in a physical education program? (Y) (N)

Are there any precautions that should be noted? (PLEASE SPECIFY) \_\_\_\_\_

\_\_\_\_\_

Does camper live in a group home: \_\_\_\_\_

Camper's height: \_\_\_\_\_ weight: \_\_\_\_\_

Does the camper use any other type of adaptive equipment? (Y) (N)

If yes, please explain: \_\_\_\_\_

Camper/Family Caseworker: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ M.D. \_\_\_\_\_

**Physician's Signature**

**Print/Type Physician's Name**

**PHYSICIAN'S SIGNATURE REQUIRED**

**CAMP JOY \* BOSTON CENTERS FOR YOUTH & FAMILIES****CAMPER'S NAME:** \_\_\_\_\_**CAMPER IMMUNIZATION FORM****Note: This section MUST be completed and signed by a physician****Required Immunization for Campers and Staff**

|                            | For Campers & Staff<br>< 18 years of age   | For Campers & Staff<br>≥ 18 years of age   | <u>Date Issued</u><br>Must be completed by a physician |
|----------------------------|--|--|--|
| <b>MMR 1</b>               | 2 doses measles,<br>1 dose mumps<br>1 dose rubella   | 2 doses measles 2<br>1 dose mumps 2<br>1 dose rubella  |  |
| <b>POLIO</b>               | ≥ 3 doses of either<br>inactivated poliovirus<br>vaccine (IPV) or oral<br>poliovirus vaccine (OPV).<br>If mixed schedule or<br>IPV/OPV was used, 4<br>doses are required   | No Requirement   |  |
| <b>DtaP/DTP/<br/>DT/Td</b> | ≥ 4 doses DtaP/DTP/DT or<br>≥ 3 doses Td3<br>A booster dose of Td is<br>required for all campers<br>and staff who will be<br>entering <ul style="list-style-type: none"> <li>grades 7 –<br/>10 if it has been<br/>more than 5 years<br/>since the last dose<br/>of DtaP/DTP/DT;</li> <li>grades 11 &amp;<br/>12 if it has been<br/>more than 10 years<br/>since the last does<br/>of<br/>DtaP/DTP/DT/Td.<br/>(Tdap is also acceptable.)</li> </ul> | ≥ 3 doses<br>DtaP/DTP/DT/Td.<br>A booster dose of<br>Td is required if ><br>10 years since the<br>last dose of<br>DtaP/DTP/DT/Td<br>vaccine. (Tdap is<br>also acceptable.) |  |
| <b>Hepatitis<br/>B</b>     | 3 does for all children born on<br>or after January 1, 1992  | No requirement   |  |

**Signature of a physician or a nurse in the name of a physician is required to meet the  
State of Massachusetts' requirements for summer day camps.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
M.D.

\_\_\_\_\_  
Print/Type Physician's Name

**CAMP JOY \* BOSTON CENTERS FOR YOUTH & FAMILIES**  
**Camper Application**

**PARENT/GUARDIAN CHECKLIST**

**Before returning this Camp Joy Camper Application, please check (✓) to see if the following sections are accurately completed:**

**( ) MEDICAL REPORT:**

- Medical and Immunization sections **MUST** be completed by a physician
- Authorization to Administer Medication to a Camper form to be completed by parent or guardian. Do not have your pediatrician sign this form.

**( ) EMERGENCY NAME and TELEPHONE NUMBER:**

- Must be different from home telephone number—keep in mind that this information is needed for your child's safety.

***Please contact the Camp Joy office if this information changes at any time.***

**( ) ACKNOWLEDGEMENT and RELEASE SECTIONS:**

- **MUST** be signed by Parent/Guardian in order for camper to be eligible to participate in the Camp Joy Program.

**( ) NON-REFUNDABLE FEE:**

- Please make **money orders** payable to the **Citywide Board/Camp Joy**. Payment is due at time with the completed application.
- **Parent/Guardian fee is \$220.00 for your first child and \$55.00 for each additional sibling (3 to 7 years old).**
- **Agency fee is \$247.50 for each child.** (Hospitals, Human Services Agencies, Head Start, etc.).

**PERSONAL CHECKS AND CASH ARE NOT ACCEPTED. NO EXCEPTIONS!**

**( ) GOAL PAGES FROM CURRENT IEP(INDIVIDUAL EDUCATION PLAN):**

- Please send copies of the goals pages of your child's most current IEP.
- A letter from your child's doctor will be accepted if you do not have an IEP.

**YOUR CHILD'S APPLICATION WILL NOT BE PROCESSED UNLESS ALL OF THE ABOVE HAS BEEN COMPLETED!**

**Enrollment will remain open until May 27, 2011 or until all slots are filled.  
ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!**

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